

NOV 18 1937

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

36911

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township LicanPrimary Registration District No. 1002City Kansas City (No. 1206)

File No.

Registered No. 1340

St.

Ward

## 2. FULL NAME

(a) Residence, No. 3645 Wyandotte

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Clara Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 1 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

80826

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

ms

13. NAME

J. S. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Switzerland

15. MAIDEN NAME

Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

17. INFORMANT (ADDRESS)

De W. C. Clerk

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cremation / (buried)

DATE

Oct 26 1937

19. UNDERTAKER (ADDRESS)

R. V. Lindsey & Sons

20. FILED

Oct 28 1937

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10-27 1937

22. I HEREBY CERTIFY, That I attended deceased from

10-6 1937 to 10-27 1937I last saw him alive on 10-27 1937 Death is saidto have occurred on the date stated above, at 10:12 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis with Cardiac decompensation

Other contributory causes of importance:

938

Name of operation

What test confirmed diagnosis Blut. findings Date of 10/25Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. J. De Maria M. D.

(Address)

St. J. C. Gen Hosp

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

